



Environmental Health

APPLICATION FOR SWIMMING POOL PLAN REVIEW

PROJECT NAME _____ PIN/PARCEL # _____
PROJECT ADDRESS _____ ZIP _____

PROJECT OWNER INFORMATION

OWNER NAME _____
CONTACT PERSON _____ PHONE # _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____ FAX # _____

GENERAL CONTRACTOR INFORMATION

GENERAL CONTRACTOR _____
CONTACT PERSON _____ PHONE # _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____ FAX # _____
ON-SITE SUPERINTENDENT _____
ON-SITE PHONE # _____ MBL/PGR # _____

POOL CONTRACTOR INFORMATION

POOL CONTRACTOR _____
CONTACT PERSON _____ PHONE # _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____ FAX # _____
ON-SITE REPRESENTATIVE _____ MBL/PGR # _____

POOL INFORMATION (MARK APPROPRIATE RESPONSE)

- PLANS ARE FOR -- NEW CONSTRUCTION OR RENOVATION/REMODEL
- TYPE OF POOL -- SWIMMING - WADING OR SPA
- WATER SUPPLY -- MUNICIPAL/COMMUNITY OR ON-SITE WELL
- WASTEWATER -- MUNICIPAL SEWER OR ON-SITE SEPTIC SYSTEM

- ☐ PLEASE SUBMIT ALL NECESSARY PLANS RELATED TO SITE LAYOUT, POOL-SHELL AND PIPING, PUMP AND FILTER ROOM, CHEMICAL STORAGE AREA, BATHHOUSE OR RESTROOMS, FENCING AND GATES, ELECTRICAL, MECHANICAL AND PLUMBING.
- ☐ INCLUDE EQUIPMENT SPECIFICATIONS AND PUMP CURVES, INTERIOR FINISH SCHEDULES, DESCRIPTION OF RULES AND SAFETY EQUIPMENT, AND EMERGENCY PHONE LOCATION.
- ☐ SUBMIT PLANS AND \$ 250 PLAN REVIEW FEE TO:

DURHAM COUNTY HEALTH DEPARTMENT
414 E MAIN STREET
DURHAM NC 27701
ATTN: SWIMMING POOL PROGRAM

MAKE CHECKS PAYABLE TO: DURHAM COUNTY HEALTH DEPT (TAX ID # 56-6000297)

SUBMITTED BY: _____ DATE: _____

REV 7/11